

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005808

Entity Name: A + MASTER BLASTER, INC.

FILED  
Mar 22, 2004  
Secretary of State

**Current Principal Place of Business:**

4340 SOUTH VALLEY VIEW, STE. #230  
LAS VEGAS, NV 89103

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 30610  
LAS VEGAS, NV 891730610

**New Mailing Address:**

FEI Number: 27-0067021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCLAIN, MICHAEL  
3951 S WILLIAM AVE.  
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS ( ) Delete  
Name: MCCLAIN, MICHAEL  
Address: 4340 SOUTH VALLEY VIEW, STE. #230  
City-St-Zip: LAS VEGAS, NV 89103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCCLAIN

DPVS

03/22/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date